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appropriate. All truther correspondence including the Patent, advance orders and notification indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 29078 7590 CHRISTIAN D. ABEL ONSAGERS AS POSTBOKS 6963 ST. OLAVS PLASS OSLO, N-0130 NORWAY				Note: A certificate of mailing can only be used for domestic mailings of the Foc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Depositor's name)	
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APPLICATION NO.	FILING DATE					(Date)	
10/562,632			FIRST NAMED INVENTO		OR ATTORNEY DOCKET NO.		
TITLE OF INVENTION: LI	IFTER DEVICE FOI	R DISPLACEMENT OF	Olav Lauvdal ⁷ AN ARTI <u>CLE</u>		P18653 USPC	CONFIRMATION NO. 8601	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	DIDLIGATION				
nonprovisional	NO	\$1510	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	TOTAL FEE(S) DUE	DATE DUE	
EXAMINE	R	ART UNIT	\$300	\$0	\$1810	06/10/2011	
FOX, CHARLES A		3652	CLASS-SUBCLASS				
1. Change of correspondence address or indication of "Fee Address			414-785000		44		
Change of corresponde Address form PTO/SB/122 "Fee Address" indicatio PTO/SB/47; Rev 03-02 or 1 Number is required.	nce address (or Chan i) attached, in (or "Fee Address" more recent) attached	ge of Correspondence Indication form I. Use of a Customer	(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor	name of a single firm (having as a member a 2			
	7 CFR 3.11. Comple	dion of this form is NO	data will appear on the part's substitute for filing an art (B) RESIDENCE: (CITY a	ent. If an assignee is issignment. and STATE OR COUNT	dentified below, the doct	ument has been filed for	
Please check the appropriate as:	signee category or ca	tegories (will not be pri		/ /			
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nterest as shown by the records	ation Fee (If require of the United States)	1) will not be accepted f	b. Applicant is no longer from anyone other than the	upplicant: a registered at	TY status. See 37 CFR 1	.27(g)(2).	
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